

**NASA Ames International Visitor Information**  
(Please TYPE OR PRINT)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name or Initial or NMI (No Middle Initial): \_\_\_\_\_  
Last (Family) Name: \_\_\_\_\_  
U.S. Social Security Number (if applicable): \_\_\_\_\_  
Are you a Permanent Resident Alien (Greencard Holder): No \_\_\_ Yes \_\_\_  
If Yes, Number: \_\_\_\_\_  
Date Issued (mm/dd/yyyy): \_\_\_\_\_  
Expiration Date (mm/dd/yyyy): \_\_\_\_\_  
  
Male or Female \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

**Affiliation or Employer:**

Institution or Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Country: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Title or Position: \_\_\_\_\_  
Contract/Grant Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Cost to NASA \$ \_\_\_\_\_

**NASA Point of Contact (sponsor)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Planned dates of visit (inclusive): From \_\_\_\_\_ to \_\_\_\_\_.  
Contract/Grant Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Cost to NASA \$ \_\_\_\_\_

**U.S. Visa Information:**

U.S. Visa Type (e.g.; B-1/B-2, H-1B, J-1, F-1, etc): \_\_\_\_\_  
Visa number: \_\_\_\_\_  
Visa Expiration Date (mm/dd/yyyy): \_\_\_\_\_  
If J-1, name of U.S. Program Sponsor (attach DS-2019): \_\_\_\_\_  
\_\_\_\_\_

**Passport Information:**

Passport Number: \_\_\_\_\_  
Passport Expiration Date (mm/dd/yyyy): \_\_\_\_\_  
Passport country: \_\_\_\_\_